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responsible for the medication) was interviewed using a semi-structured questionnaire based on the Central Manchester Healthcare Trust Directorate of Psychiatry Drug Advisory guidelines for the administration of lithium. Fifty-six per cent of people understood why they were taking lithium and 18% had partial understanding. Seventy per cent said they had received no written advice regarding lithium treatment and a further 22% could not remember whether they had received written advice. Only 33% could remember receiving verbal advice. Thirty-seven per cent were aware of the possibility of drug interactions. Only 22% knew the symptoms of toxicity. Seventy-eight per cent would contact their doctor or nurse if they thought something was amiss and another 7% would stop taking the drug and then contact a doctor/nurse.

Anderson & Sowerbutts concluded that lithium education in more than one form affected patients' level of knowledge. We concluded from our audit that practice should change. Currently people started on lithium are given written and verbal information at initiation of treatment. We suggest that this should be supplemented by repeat information annually.

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### **Unlawful discrimination**

Sir: I enjoyed Glozier's article (*Psychiatric Bulletin*, January 1999, **23**, 3–6), concerning the Disability Discrimination Act 1995 and mental illness. There is however an omission, as he states that at present the cases of mental illness that have come to tribunal so far have not helped.

I quote the case of Paul Sheen v. The Writers' Guild of Great Britain (1998; further details available from the author upon request). Where the applicant was judged to have been unlawfully discriminated against by virtue of the refusal of the Writers' Guild of Great Britain to grant him membership.

This was a case where a playwright was denied membership of the above organisation, which is essentially a trades union for playwrights, on the grounds of a brief schizophrenic illness. He was granted quite substantial damages and this resulted in quite a shake up in the hierarchy of the Guild.

It may well be that these cases do not have a profound effect on stigma, however, the above case is now well established in case law and is

available for other victims of discrimination to use along with their legal representatives.

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### **What will become of 'community care'**

Sir: Now that the government has officially declared that community care has failed, I wonder what will happen to the term community psychiatry. If trusts continue to advertise using the term, the profession may start to look out of touch with contemporary trends. In an age where presentation and sound bites carry more weight in many quarters from substance and logical arguments, the value of much good work that is done in community psychiatry could be lost.

I suggest a solution is to return to the old term 'social psychiatry'. This carries the authority and weight of a profoundly significant and reforming post-war movement, and it is in keeping with the resurgence of interest in therapeutic communities, the questioning of pharmaceutical dominance, the development of new rigour in qualitative research methodology and the relevance of narrative based medicine. More widely, it would also reflect a widespread disenchantment with individualism, and a need to recognise social networks of responsibility.

If consultant posts were advertised in social psychiatry, the profession could grasp this opportunity and coordinate the development of what could become a new movement. It could represent the best practice of recent community psychiatry, with the philosophy and humanistic values of post-war social psychiatry.

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### **Enduring love**

Sir: As McIvor has indicated in his excellent review of Ian McEwan's novel *Enduring Love* (*Psychiatric Bulletin*, January 1999, **23**, 61) this book is of great interest to psychiatrists. There is, however, a danger that the novel – and particularly its Appendix 1 (a case report on which the book is clearly based) – will unreasonably become an accepted part of the psychiatric literature on de Clérambault's syndrome.

Appendix 1 purports to be a reprint of a case report originally published in the *British Review*